

Name
in
Full

CERTIFICATE OF DEATH

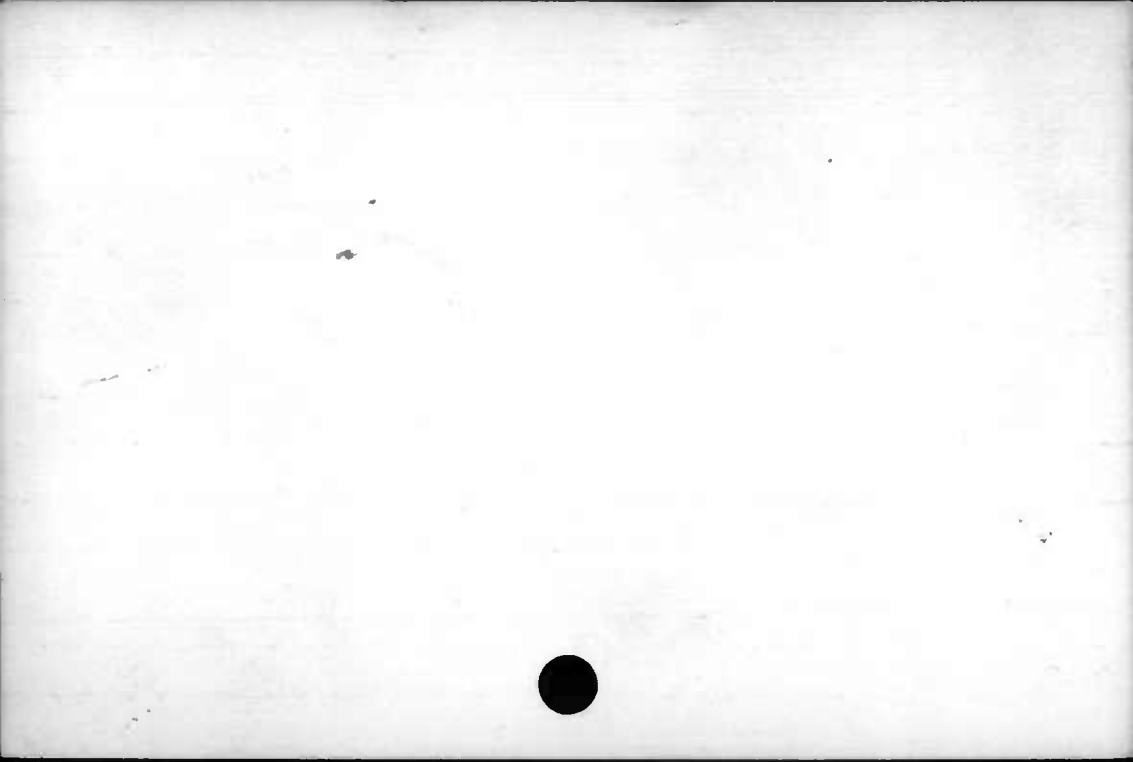
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>May Acton</i>		Town <i>Oxen Hill</i>		County <i>Prince Geo.</i>		MARYLAND	
Died at		Date of death 1903		Month <i>Jun.</i>		Day <i>14</i>	
Age <i>75</i>		Years <i>75</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>James Vothey</i>				How related to deceased <i>Grand son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>		How long <i>several years</i>	
Immediate <i>Bronchitis</i>		How long <i>3 days.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Parker M.D.</i>	
		Address <i>Rose Croft M-d</i>	
Accident or Suicide? <i>—</i>			



Name in Full

Certificate of Death

Unnamed Aitchison

Town

County

Died at

Laurel

Prince George's

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 22

Age

4

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~

of

~~Wife~~

Father's

Name

Stewart Aitchison

Mother's

Name

Mary Aitchison

Cause of

Primary

Primalium birch-

How long sick

4 days

Death

Immediate

Ascleemia

1st

~~Accident, Suicide, Homicide~~

Reported by

W. F. Taylor M.D.

Address

Laurel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 74888



Name
in
Full

CERTIFICATE OF DEATH

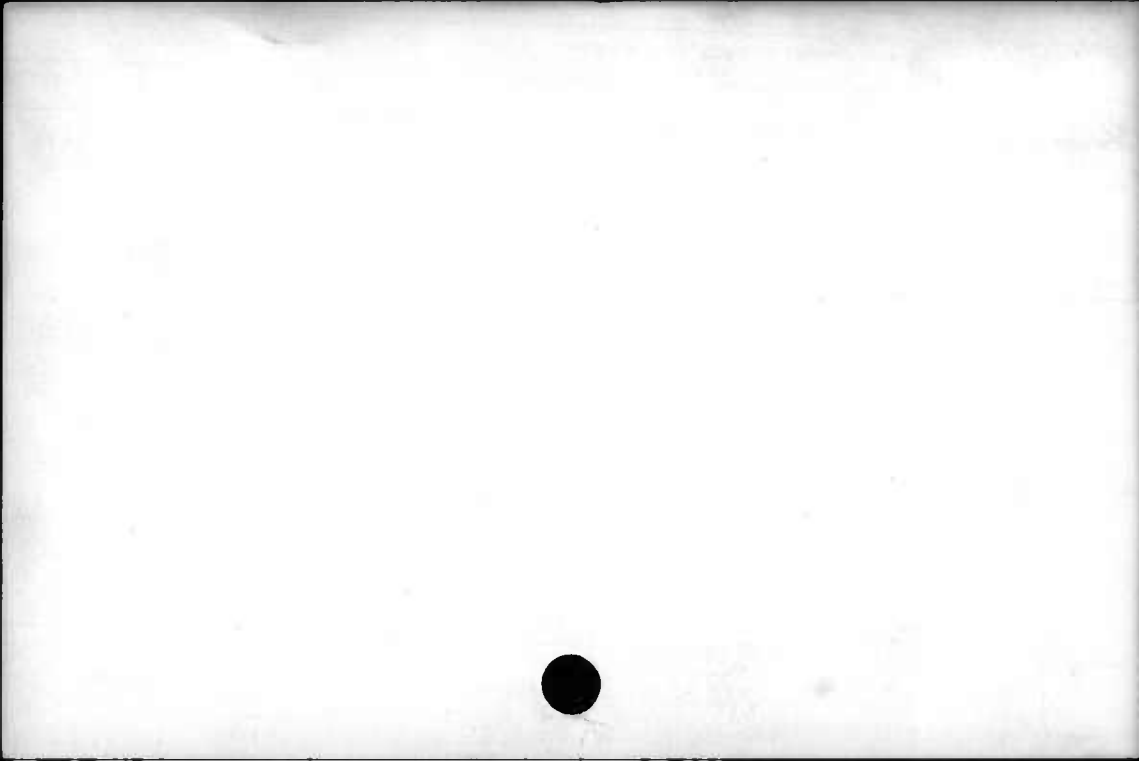
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Allen</i>		Town <i>Marbleton</i>		County <i>Pr Geo</i>		MARYLAND	
Died at <i>Marbleton</i>		Month <i>Jan'y</i>		Day <i>16</i>		Age <i>38</i>	
Date of death <i>1903</i>		Months		Years		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>P.R.C. Md</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>Pr Geo. Co Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Allen</i>					
Father's Name <i>Hudson Johnson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>William Allen</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>		How long <i>Don't know</i>	
Immediate <i>Puerperal Septicemia</i>		How long <i>Don't know</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. G. Griffith</i>	
		Address <i>Upper Marbleton</i>	
Accident or Suicide? <i>Dying when I saw her</i>			



Name
in
Full

Margaret Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walls</u> <small>Town</small>		<u>Prince George's</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small> <u>Jan</u> <small>Day</small> <u>6</u>		Age <u>75</u> <small>Years</small>		<u>3</u> <small>Months</small> <u>27</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Prince George's</u>	
Married, Single or Widowed <u>Widowed</u>		Occupation <u>Farmers wife</u>			
Name of Wife or Husband <u>Edward Arnold</u>					
Father's Name <u>Jeremiah Hills</u>			Father's Birthplace <u>A. A. Co</u>		
Mother's Maiden Name <u>Margaret Hills</u>			Mother's Birthplace <u>A. A. Co</u>		
Name of person giving information <u>Carrie E Arnold</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease 79</u>		How long <u>Unknown</u>
Immediate <u>Syncope</u>		How long <u>Two hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. R. Walker, M.D.</u>
		Address <u>Mitchelville, Md.</u>
Accident or Suicide? <u> </u>		

0170113

Name
in
Full

George Washington Binnix

CERTIFICATE OF DEATH

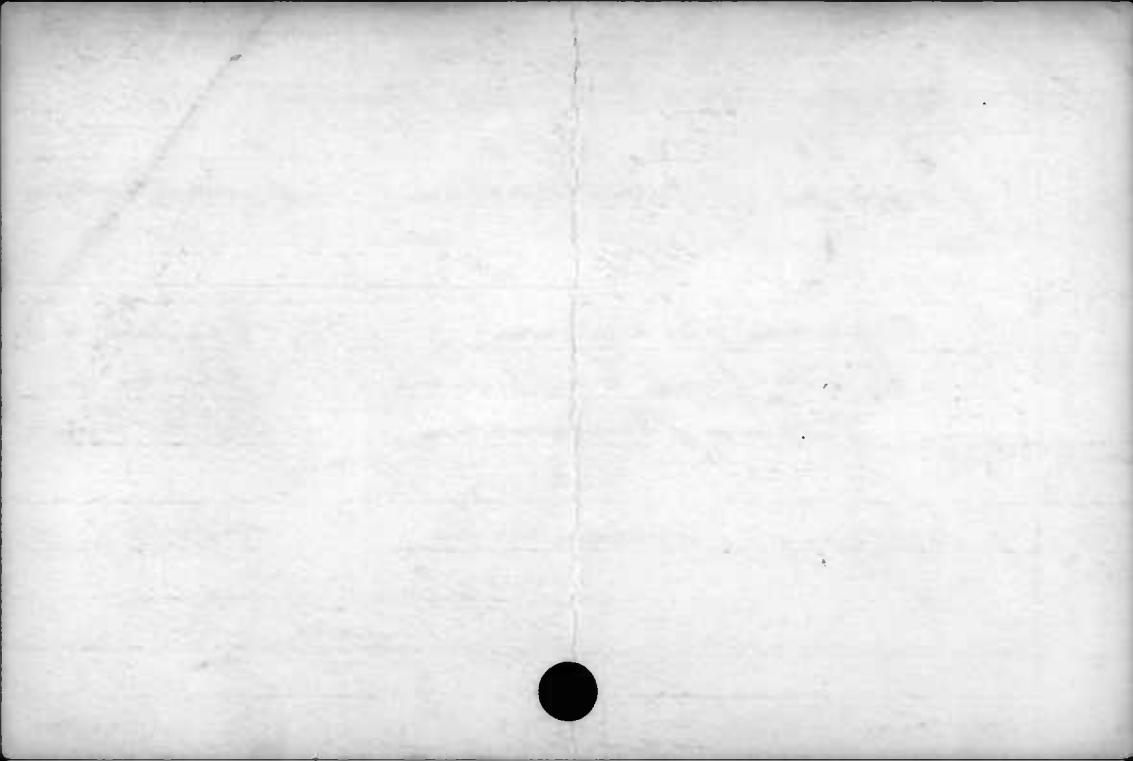
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Seabrook		County Prince George		MARYLAND	
Date of death	1903	Month Jan	Day 21	Years Age	75	Months 2	Days 8 ^{incl.}
Sex	Male		Color or Race	White		Birth- place	Ellicott City
Married, Single or Widowed	Widower			Occupation	Blacksmith		
Name of Wife or Husband	Lavinia Ann. (High) Binnix						
Father's Name	William Binnix					Father's Birthplace	not known
Mother's Maiden Name	Elizabeth Binnix (Morgan)					Mother's Birthplace	" "
Name of person giving In formation	Geo. G. Stewart					How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary	How long
Immediate	112
Are the name, age, sex, color, date and place correctly given above?	How long 7 months
Signature of Physician	John M. Russell M.D.
Address	
Accident or Suicide?	



Name
in
Full

Mathie Branner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>sun</i> ^{Town} <i>Potomac</i> ^{County} <i>Prince Georges</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>13</i>	Age <i>17</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Prince Georges</i>	Months <i>4</i>
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Oscar Branner</i>		Father's Birthplace <i>Charles Es</i>	
Mother's Maiden Name <i>Mary Jane Chapman</i>		Mother's Birthplace <i>Charles Es</i>	
Name of person giving information <i>Oscar Branner</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miliary Tuberculosis</i>	How long <i>4 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley</i>
	Address <i>Potomac Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

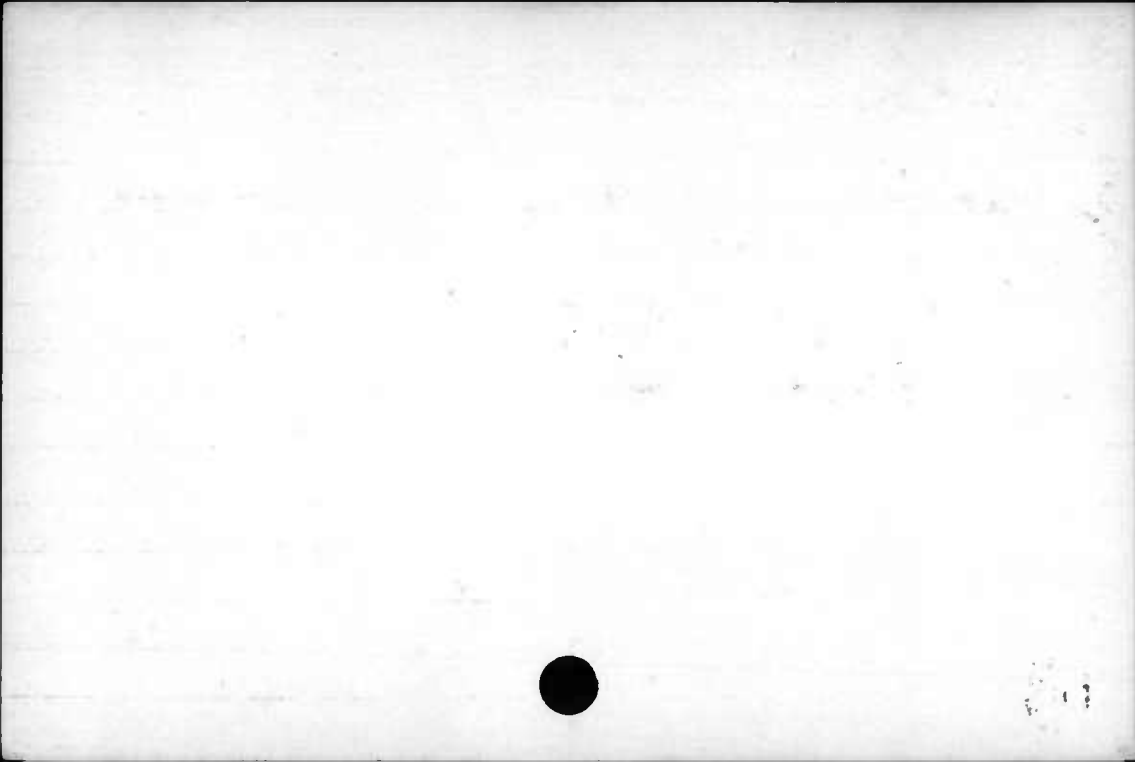
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owen Hill</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>24</i>	Years <i>39</i>	Months <i>10</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Porter</i>			
Name of Wife or Husband _____					
Father's Name <i>John I Butter</i>			Father's Birthplace <i>M-d</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>M-d</i>		
Name of person giving information <i>Wm. Locker</i>			How related to deceased <i>none</i>		

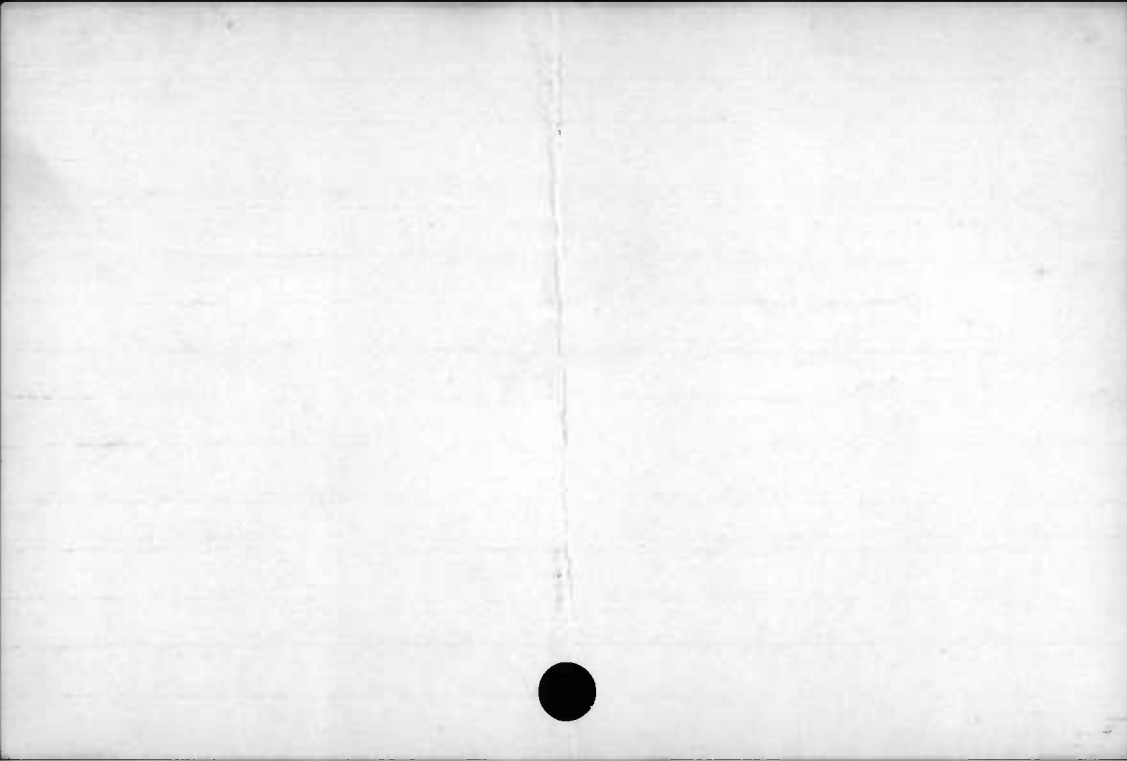
CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>27</i>	How long <i>two years</i>
Immediate <i>Hemorrhage of lungs</i>	How long <i>1/2 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Parker M.D.</i>	
	Address <i>Rose Croft</i>	
	<i>M-d.</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name in Full		Susie Burroughs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>SB</u> Town		County <u>Prichard</u>		MARYLAND		
	Date of death 190 <u>8</u>	Month <u>1</u>	Day <u>16</u>	Age <u>37</u>	Years	Months	
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth- place <u>Ind.</u>			
	Married, Single or Widowed <u>Widow</u>		Occupation <u>Housewife</u>				
	Name of Wife or Husband						
	Father's Name <u>Benji Boyd</u>			Father's Birthplace			
	Mother's Maiden Name <u>Lettie Pinkney</u>			Mother's Birthplace			
	Name of person giving Information			How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER ①	Primary <u>Pulmonary Tuberculosis</u>			How long <u>12 mo.</u>			
	Immediate <u>Asthma</u>			How long			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>John A. Cox</u>			
				Address <u>SB.</u>			
	Accident or Suicide?			<u>Ind.</u>			



Unnamed Infant of Mr. & Mrs. John Cameron

Died at Seat Pleasant ^{Town} P. H. ^{County} MARYLAND

Date 1903 Jan. 6 | Age Half hour | Native of Ind. | Occupation Infant
 Male White | ~~Marrd~~ Widow | ~~Divorced~~
~~Female~~ Colored | Single Widower | Number of children living —

Husband
of
Wife

Father's
Name John Cameron

Mother's
Name Agnes Cameron

Cause of Primary Labor

Death Immediate Dyspnea

How long sick —

151
Accident, Suicide, Homicide

Reported by L. S. Savage M.D.

Address Berming S. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George H Chapman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bruner vister</u> Town		<u>Pt Geo co md</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>24</u>	Age <u>1</u>	Months <u>1</u>	Days
Sex <u>male</u>	Color or Race <u>color</u>		Birth-place <u>md</u>		
Married, Single or Widowed			Occupation		

~~Name of Wife or Husband~~

Father's Name <u>Jeremurah Chapman</u>	Father's Birthplace <u>md</u>
Mother's Maiden Name <u>Elizabeth Chittenden</u>	Mother's Birthplace <u>md</u>
Name of person giving information <u>Jeremurah Chapman</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Burns</u>	How long <u>167</u>
Immediate	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of <u>Frank Wood undertaker</u>
	Address <u>Woodmore Po md</u>
Assent or Subsd?	



Name in Full

Joseph Lee Crase
 Town *Aguares* County *Pr. Luis* MARYLAND

Died at *Aguares* Month *1* Day *18* Y. *4* M. *18* D. *18* Native of *Ind* Occupation *—*

Date 1908 . *1* - *18* Age *4* - *18* *Ind* —

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

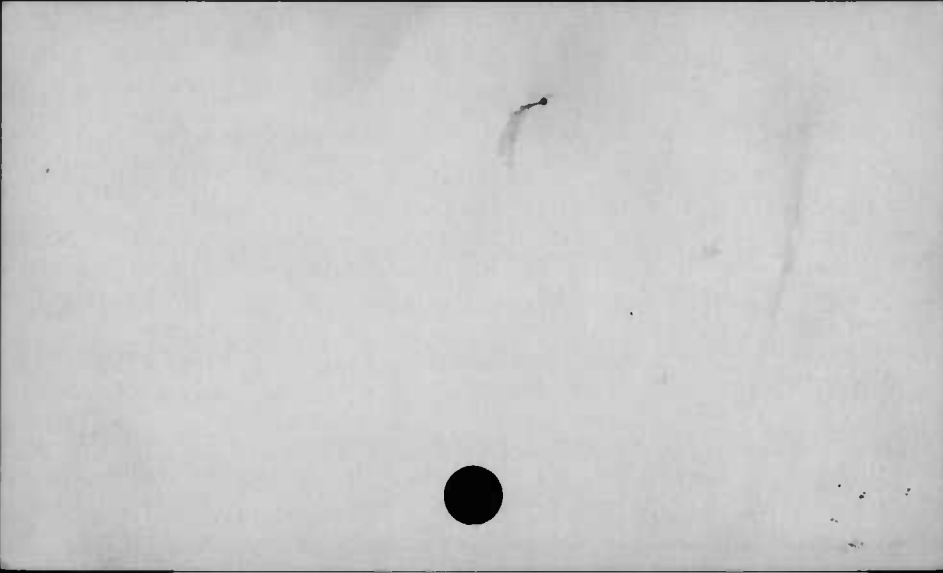
Husband of
 Wife
 Father's Name *Joseph Lee Crase* Mother's Maiden Name *Mattie Brown Bonnick*

Cause of Primary *Pneumonia* How long sick *4 days*
 Death Immediate *Exhaustion* 93 Accident, Suicide, Homicide

Reported by *H. Mrs. Fred Brown*
Aguares Ind



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alonza Davis

Died at

Chiltenham

County

Pr Geo.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 31

Age 2

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's Name

Geo Davis

Mother's Name

Maggie Davis

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J N B Latimer (M.D.)

Address

"J N B" Pr Geo Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry D. Douglass
 Town _____ County _____

Died at

*Adams**Prine George*

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
 of
 Wife

Father's
 Name

Henry Douglass

Mother's
 Name

Rebecca Ford

Cause of

Primary

Injury to spine.

How long sick

1 1/2 yrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

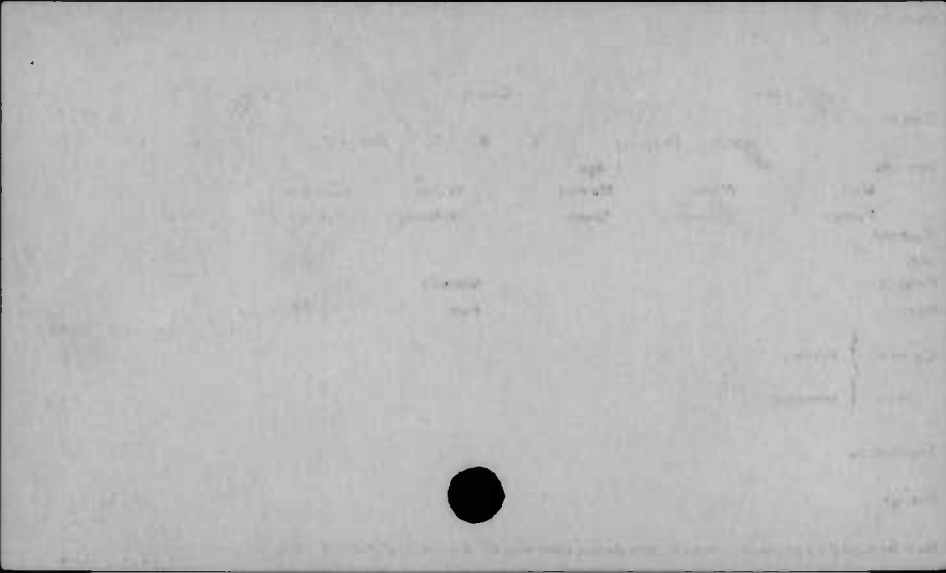
*J. E. Bean**1166*

Address

Baden Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Marie Buffin

Town

County

Died at

Bowie

Prince George

MARYLAND

Date 19	03	Month	July	Day	9	Y.	4	M.		D.		Native of	Maryland	Occupation	
	Male		White		Married		Widow		Divorced						
	Female		Colored		Single		Widower					Number of children living	0		

Husband of

Wife

Father's Name

Charles Buffin

Mother's Maiden Name

Nellie Johnson

Cause of

Primary

Pneumonia

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Nellie A. Ryan mdr
Bowie mdr

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rosie C French
 Town County
 Died at *Annasale* *Prince Geo Co* MARYLAND
 Date 1903 *May 7* Month Day Y. M. D. Age *74-10* - Native of *Ma* Occupation *Carpenter*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living -

Husband of

Wife

Father's Name *William French* Mother's Maiden Name *Anna Harvoren*

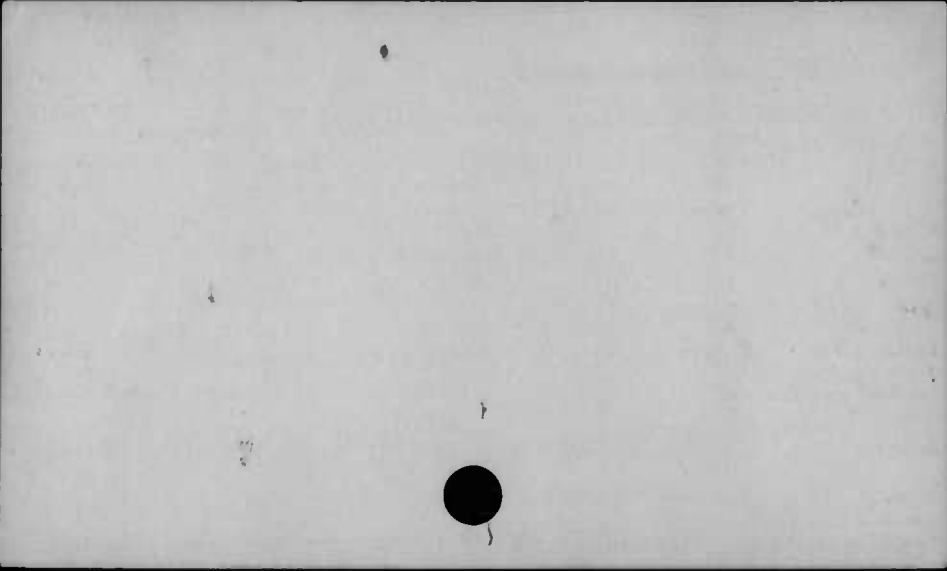
Cause of Death { Primary *Grip* Immediate *General debility* } How long sick *Six months* 10
 Accident, Suicide, Homicide

Reported by

Address

C. A. Fox
Bethesda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Samuel Gray M.D.
 Town Laurel County Prince Geo.
 Date 1903 189 Month Jan Day 30 Y. 71 M. D. Native of Delaware Occupation Physician

MARYLAND

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

4

Husband of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Cerebral Hemorrhage

How long sick

7 days

Death

Immediate

Aschemia

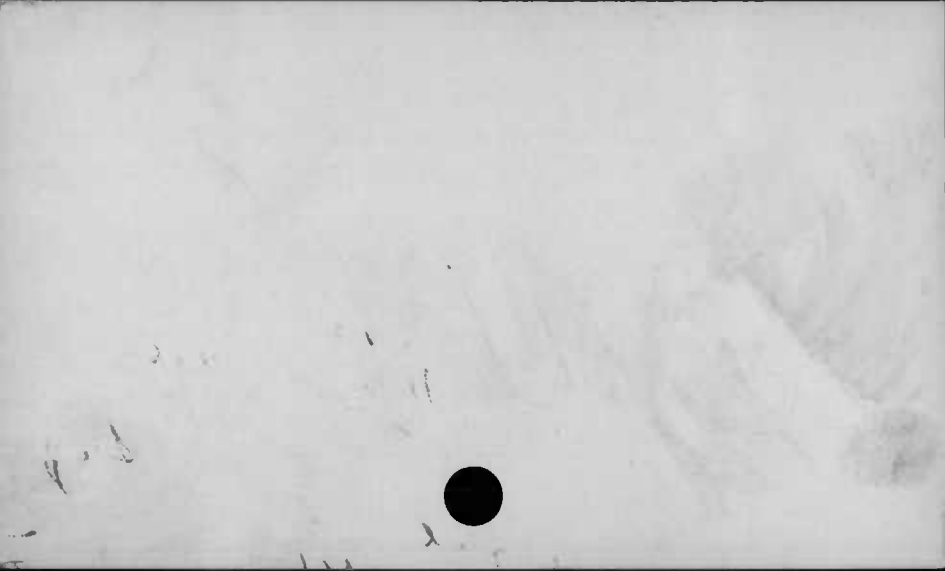
~~Accident, Suicide, Homicide~~

Reported by

Address

W. F. Taylor M.D.
 Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Elijah beth Ida Griffith

Died at *Crown Station* Town*Prince Geo* County

MARYLAND

Date

of death 1903

Month

Jan

Day

31

Age

Years

22

Months

4

Days

13

Sex

*Female*Color or
Race*Colored*Birth-
place*Oxen Hill*Married, Single
or Widowed*Single*

Occupation

*Domestic*Name of Wife or
HusbandFather's
Name*Louis Griffith*Father's
Birthplace*Pr Geo Co*Mother's
Maiden Name*Rosalie Proctor*Mother's
Birthplace*Pr Geo Co*Name of person giving
In formation*Louis Griffith*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Congestion of lungs

How long

one week

Immediate

Asphyxia

How long

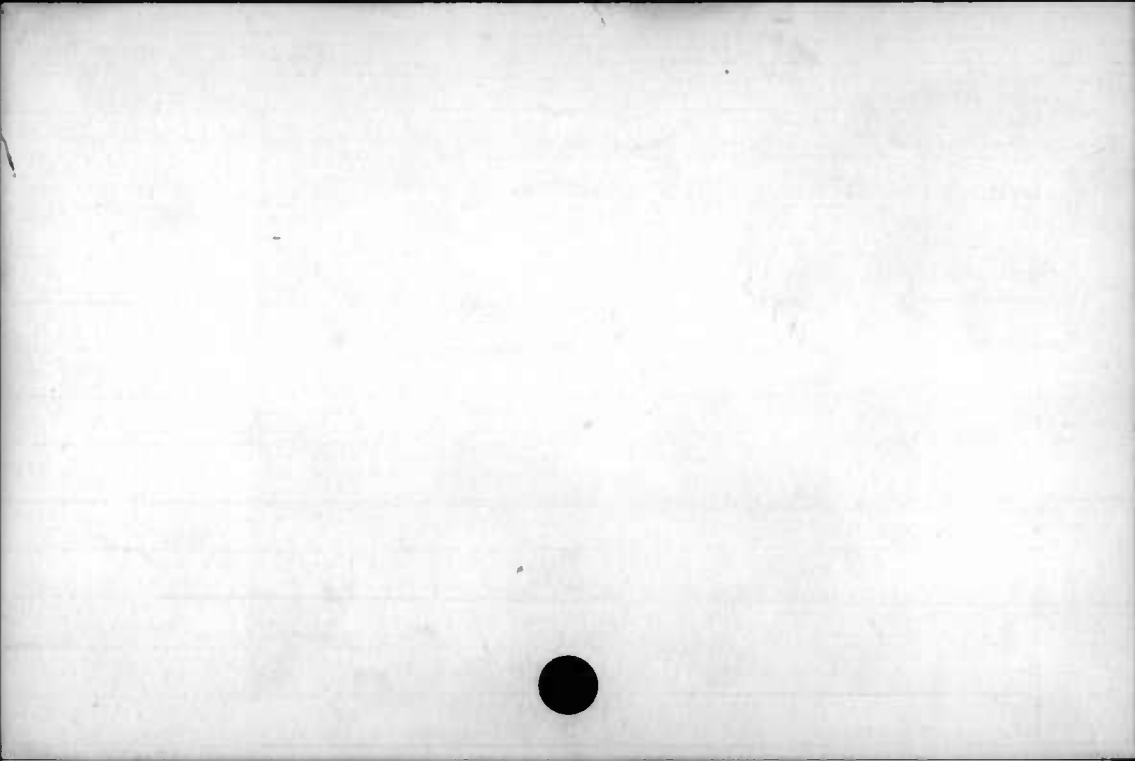
*few hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W H Githens*

Address

Crown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



Name
in
Full

Wm H Hamelton

CERTIFICATE OF DEATH

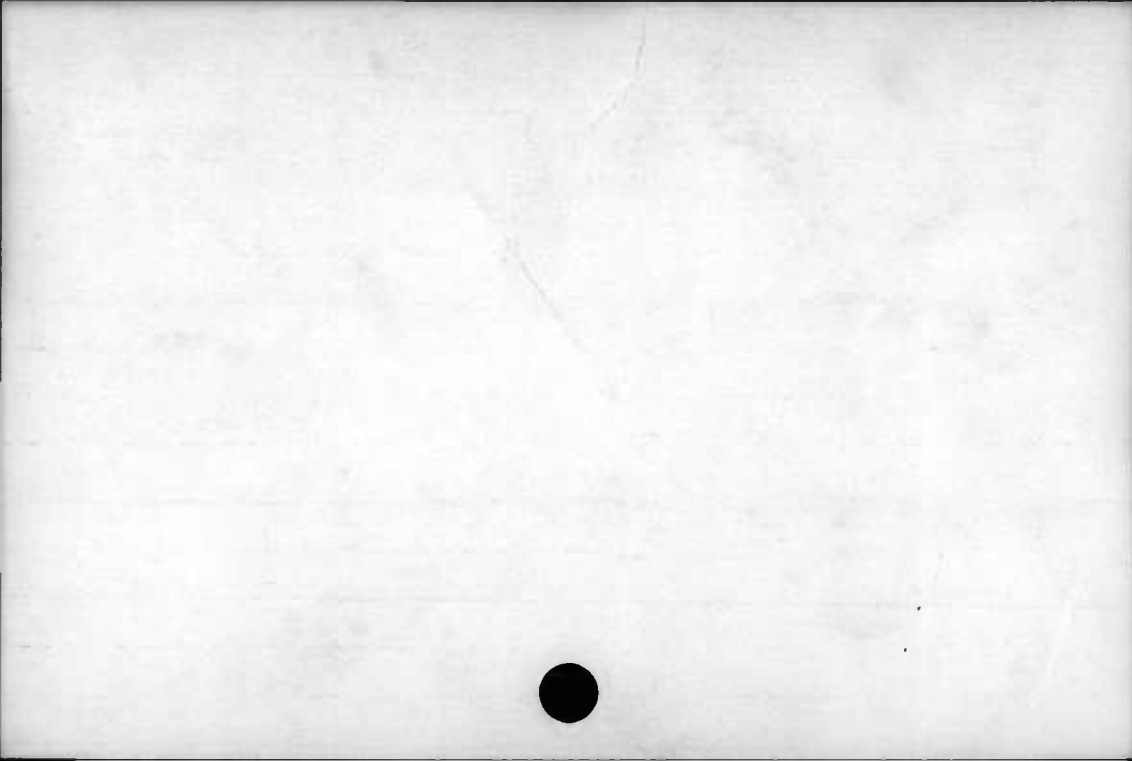
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Largo		Town		Po		County		Pr Geo co		MARYLAND			
Date of death 190		3		Month		Jan		Day		8		Age 14			
Sex		male		Color or Race		coloured		Birth-place		mid					
Married, Single or Widowed						Occupation						Farm Hand			
Name of Wife or Husband															
Father's Name						John T Hamelton						Father's Birthplace		mid	
Mother's Maiden Name						Louise Henean						Mother's Birthplace		mid	
Name of person giving information						John Hamelton						How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Lock Jaw (Tetanus)		How long		10 days	
Immediate		Cardiac failure		How long		few minutes	
Are the name, age, sex, color, date and place correctly given above?				yes			
Signature of Physician				Madame Gawood, M.D.			
Address				Halls			
Residence				Prison Co. Geo. Pr			



Name In Full

Certificate of Death

Died at

Date 1913 -

Male

~~Female~~

White

~~Colored~~

Age

Single

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 yrs.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70894



Name
in
Full

Rich Hamilton Hawkins

CERTIFICATE OF DEATH

Died at		Meadows		P. H. Co		MARYLAND	
Date of death 1903		Month 1	Day 3	Age 71		Months	Days
Sex Male		Color or Race Black		Birth-place P. H. Co			
Married, Single or Widowed Widower				Occupation —			
Name of Wife or Husband —							
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving information Patrick Hawkins				How related to deceased Son			

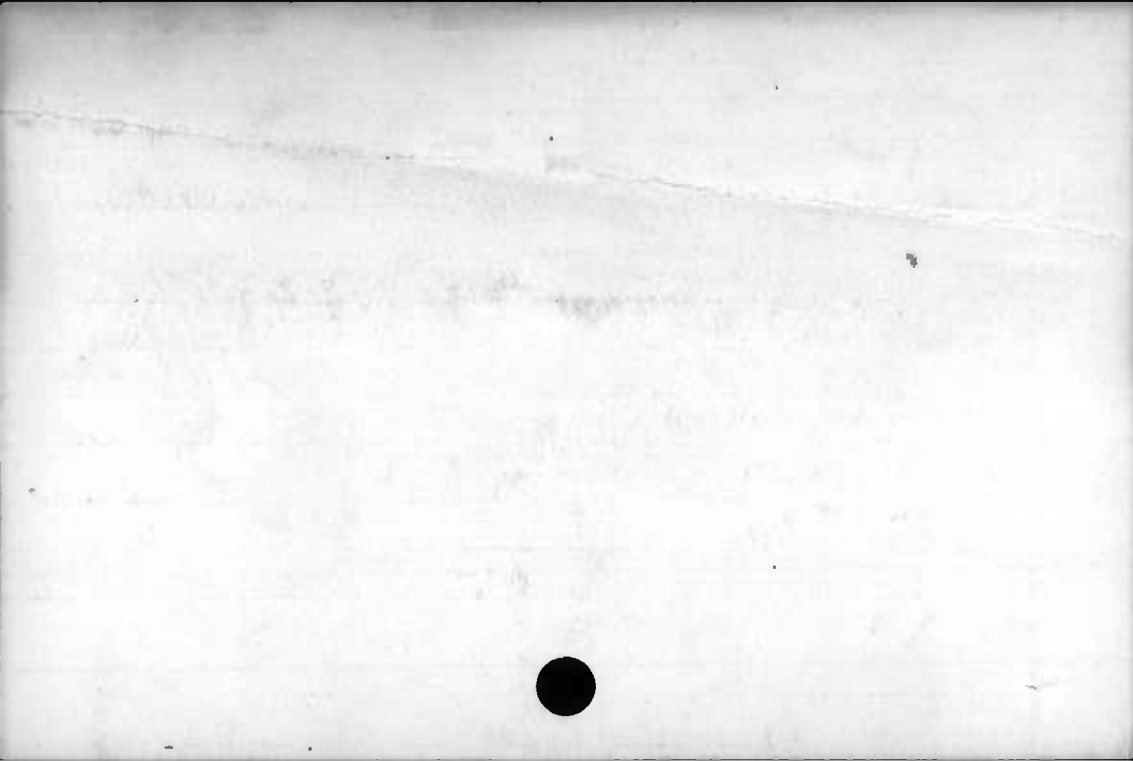
CAUSES OF DEATH

Primary	Phthisis pulmonalis		How long	1 yr
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. A. Griffith		
		Address upper Marlboro Md		
Accident or Suicide?				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



Name in Full		Willy Heban.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death 190		Month		Day		Age	
		3		Jan		17		8	
		Sex		male		Color or Race		negro.	
		Birth-place		Pruitt Co. Md.		Occupation		child	
		Married, Single or Widowed		single		Name of Wife or Husband			
		Father's Name		John Heban		Father's Birthplace		Pruitt Co. Md.	
Mother's Maiden Name		Rosa Heban (same name)		Mother's Birthplace		Pruitt Co. Md.			
Name of person giving information		William Shorter		How related to deceased		not related			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Diphtheria		How long		1 year.	
		Immediate		exhaustion		How long		1 mo.	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Payne	
						Address		Laur. Md.	
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David Y. House
Laurel Md

Dist. Geo Co

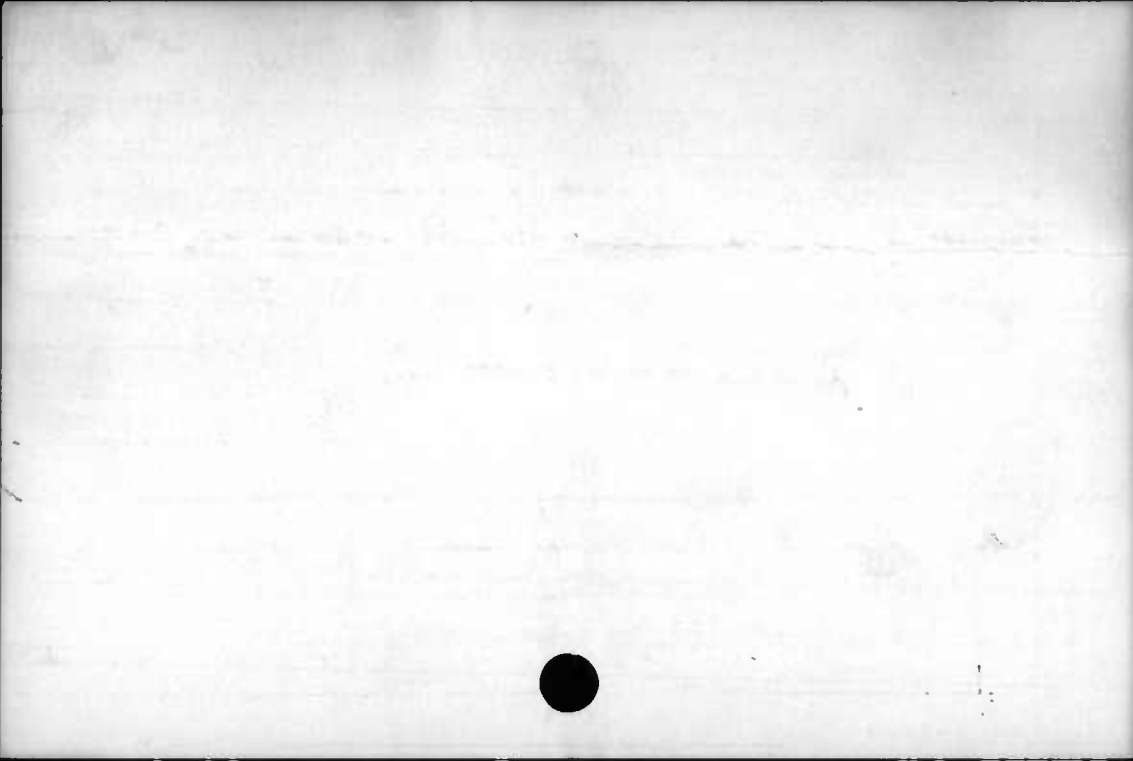
MARYLAND

Died at		City		County		State	
Date of death 1903	Month Jan	Day 27	Age 58	Years	Months 7	Days 7	
Sex male	Color or Race white		Birth-place		accugamy Co, Md		
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife or Husband				Sarah E. House			
Father's Name				David House			
Mother's Maiden Name				Laura S. Liffins			
Name of person giving information				Sarah E. House			
				Father's Birthplace accugamy Co, Md			
				Mother's Birthplace " " "			
				How related to deceased Wife & to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstital Hepatitis	How long	10 days
Immediate	Apoplexy	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
no		O. H. Ryan	
		Address	
		Laurel	
		Md.	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at

Date

~~Male~~
Female

~~Husband~~
Wife of

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lizzie ~~Lewis~~ Jackson
 Town *Mumfordsville* County *Prince Geo.* MARYLAND

1903 *Jan 12* Y. *3* M. *3* D. *3* Native of *Ind* Occupation *room*

~~Married~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Single~~ ~~Colored~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of *Lewis Jackson* Mother's Name *Mary Jackson*

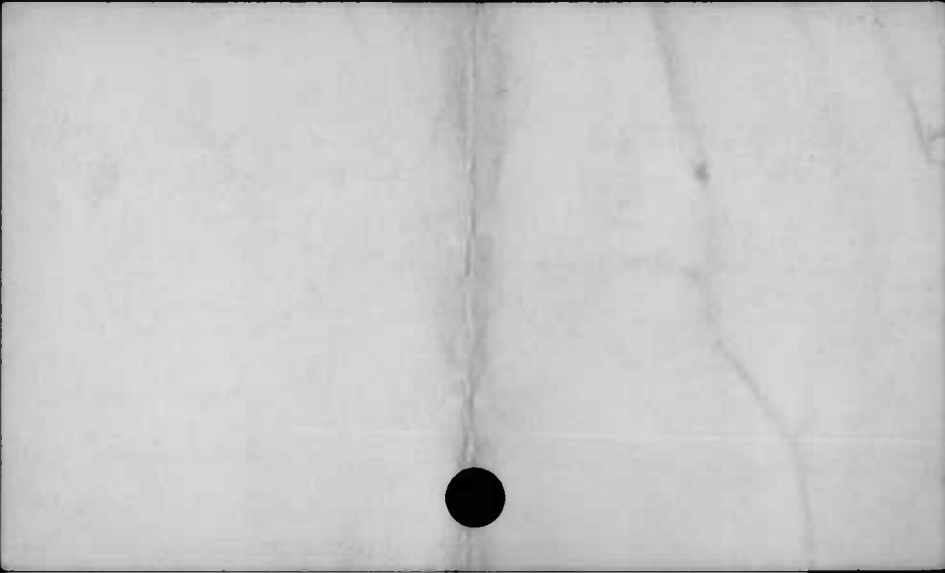
Cause of *Primary* *Bronchitis* *90* How long sick *1 week*

Death *Immediate* *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *W. F. Taylor M.D.*

Address *Laurel* *Ind*

(1)



Name In Full

Certificate of Death

Francis Loretta Jenkins

Town

County

MARYLAND

Died at

Date 19

10

Month

Day

1 - 8

Age

42

Y.

M.

D.

Native of

Occupation

Prince Georges

Georgetown, C. - Housewife

Female

White

Married

Widow

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John Dominick Jenkins

Frank L. Progne

Annalys

Cause of

Primary

Death

Immediate

How long sick

2 hours.

Accident, Suicide, Homicide

Reported by

Address

Eugene Hemorrhage
E. J. Hunt, M.D.
Pineatany Md

128

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79864



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John King</i> <i>Forestville</i> <small>Town</small>		<i>Prima</i> <small>County</small> <i>Georges</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>1</i>	Day <i>23</i>	Years <i>74</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Md.</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Domestic</i>			
Name of Wife or Husband <i>Elizabeth R. King</i>					
Father's Name <i>John W. King</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Sarah A. White</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving In formation <i>Thomas P. King</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>48 hours</i>
Immediate <i>General exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>John E. Grubb</i>
	Address <i>Forestville</i>
Accident or Suicide? <i>Neither</i>	<i>Maryland</i>



Name
in
Full

Will B Lewis

CERTIFICATE OF DEATH

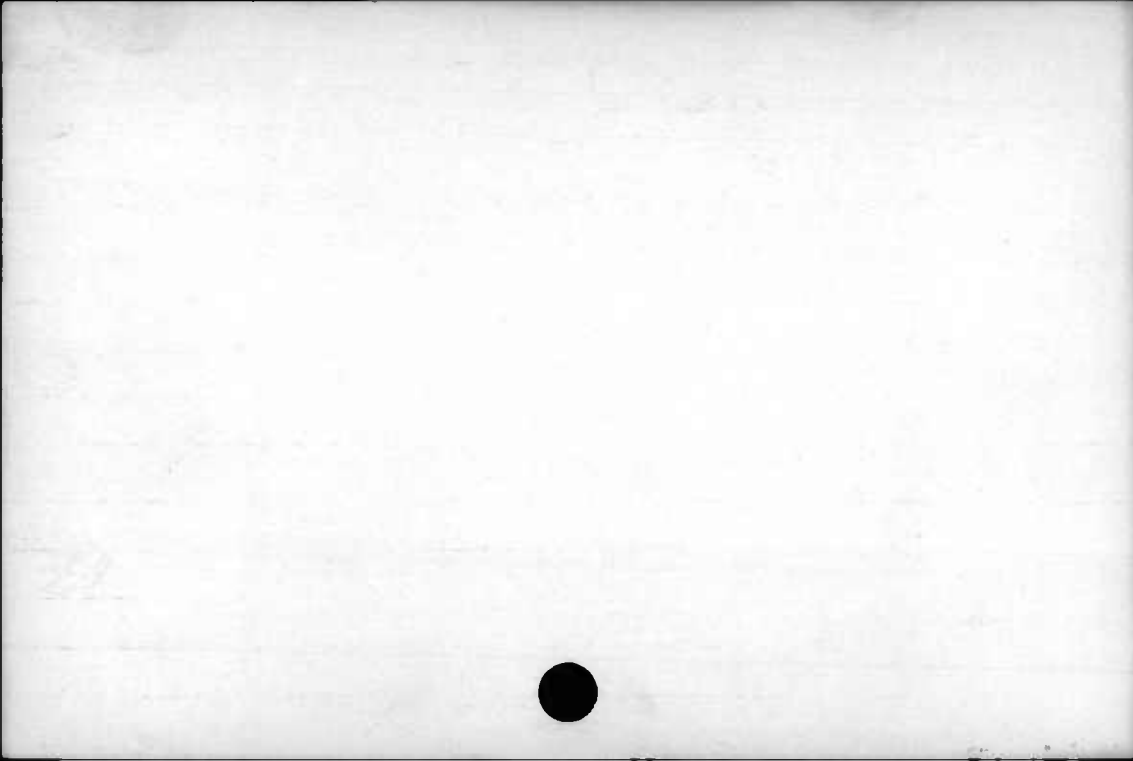
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crown sta</i> ^{Town}		<i>Pr Geo</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>16</i>	Age <i>1</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Crown Sta</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Lewis</i>			Father's Birthplace <i>Pr Geo Co</i>		
Mother's Maiden Name <i>Louisa Green</i>			Mother's Birthplace <i>" " Md</i>		
Name of person giving information <i>Lalier</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

Primary	<i>Dist pneumonia</i> <i>179</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D A Gifford</i>	
	Address <i>Lepper Warehouse</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Mary Locke

CERTIFICATE OF DEATH

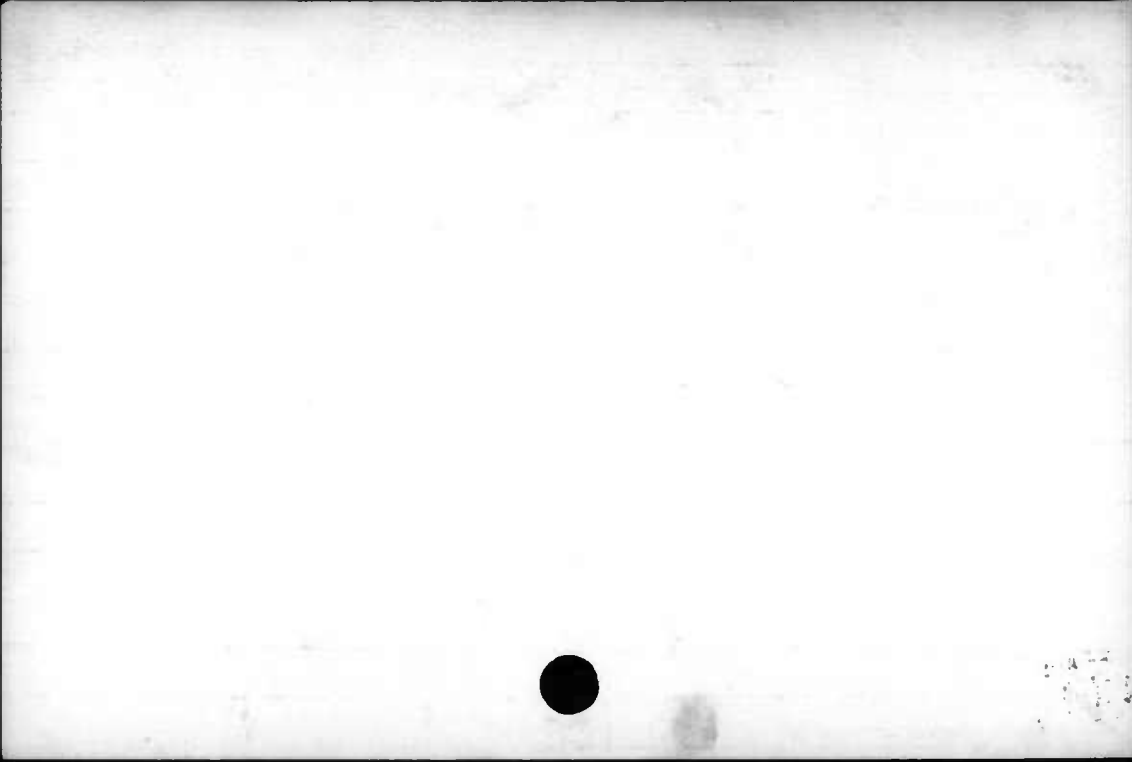
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Oxen Hill</i>		County <i>Prince Geo.</i>		State <i>MARYLAND</i>	
Date of death 190	Month <i>Jan.</i>	Day <i>10th</i>	Years <i>67</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Mr. Kerfoot -</i>				How related to deceased <i>brother in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>7 days</i>
Immediate	<i>Asthma</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Parker</i>	
<i>yes</i>		Address <i>Rose Croft - Md</i>	
Accident or Suicide?			



Name
in
Full

Allen Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hattoville		Prine Geo					
Date of death 190	3	Month	Jan	Day	10	Years	Age 63
Sex		male		Color or Race		Black	
Married, Single or Widowed		Single		Occupation		Goodman	
Name of Wife or Husband		Emma Magruder					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Emma Magruder					
		How long to deceased					

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary	Cancer of Stomach	How long	about one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color date and place correctly given above?	Yes		
Signature of Physician	J. P. Richardson		
Address	Hypertension		
Accident or Suicide?	No		



Name
in
Full

David H. Mallory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

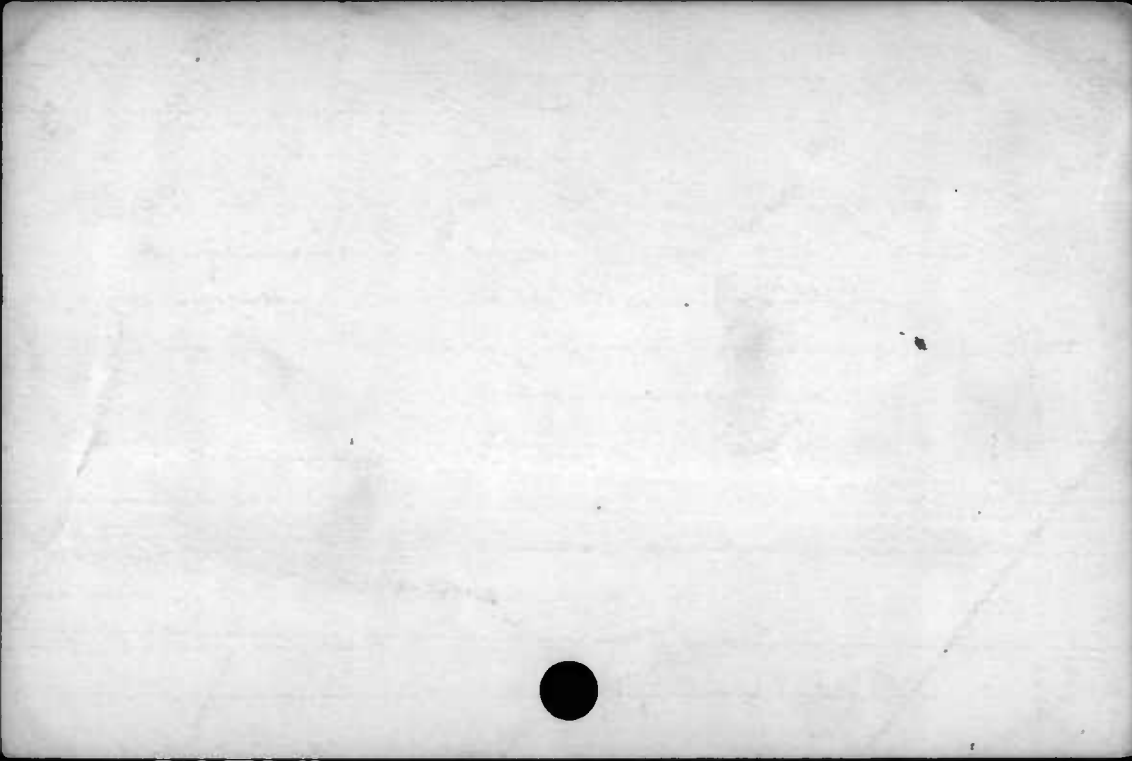
Died at <i>Hypothetical</i>		County <i>Prince Geo.</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan'y</i>	Day <i>01</i>	Age <i>45</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wisconsin</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Shoe Maker</i>		
Name of Wife or Husband <i>Mary Ellen Mallory</i>					
Father's Name <i>David Mallory</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Elizabeth Mallory</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Mary Ellen Mallory</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>30 minutes</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. A. Miller</i>
	Address <i>W. A. Miller</i>
Accident or Suicide? <i>—</i>	

1



Name in Full

Certificate of Death

Richard Mills

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1-20

Age

1

Ind.

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Sing~~~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Pneumonia

Death

~~Immediate~~

Mother's

Name

Chloe Ford

How long sick

4 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry Maylor* County *P.G.*

Died at *Liberty Hill* Town *P.G.*

Date of death 190*6* Month *Jan* Day *6* Age *78* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

~~Married, Single or Widowed~~ Occupation *house*

Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *D.C.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Subscriber* How related to deceased *no relation*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *154* How long *12 hrs*

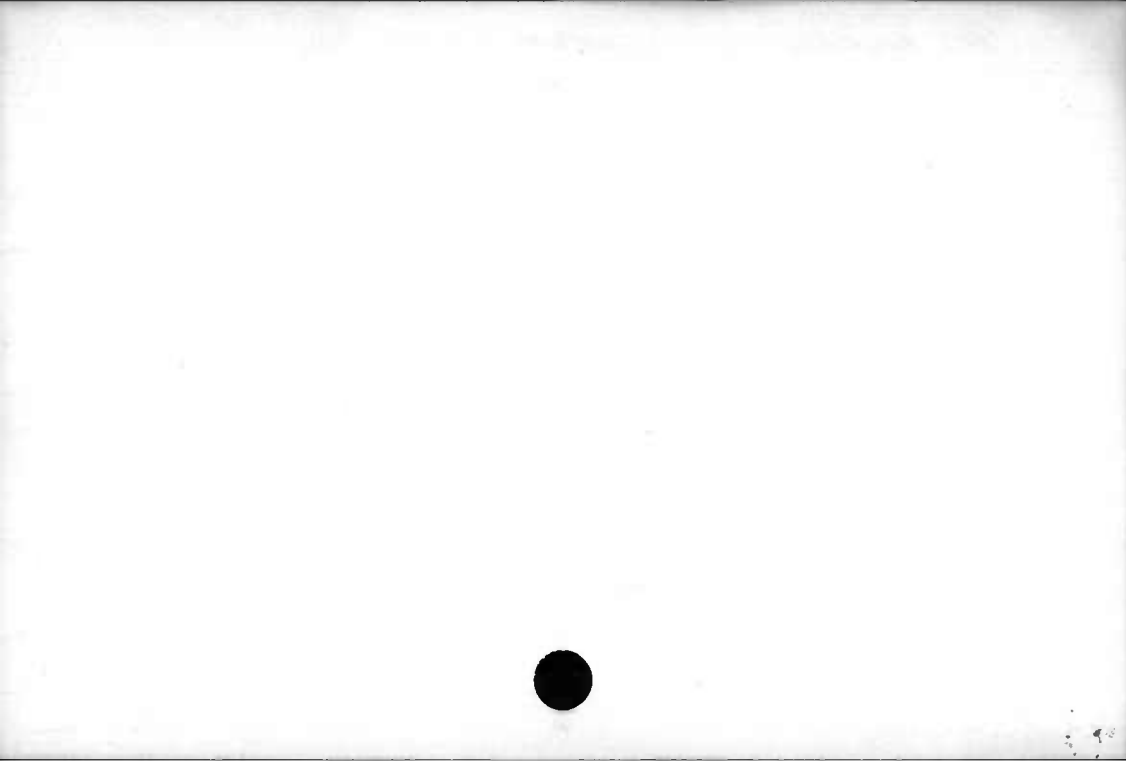
Immediate *neurasthenia - Asthenia* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John L. Swaney*

Address *Clinton*

~~Accident~~ ~~Suicide~~



Name
in
Full

M. arcellus Bowman

CERTIFICATE OF DEATH

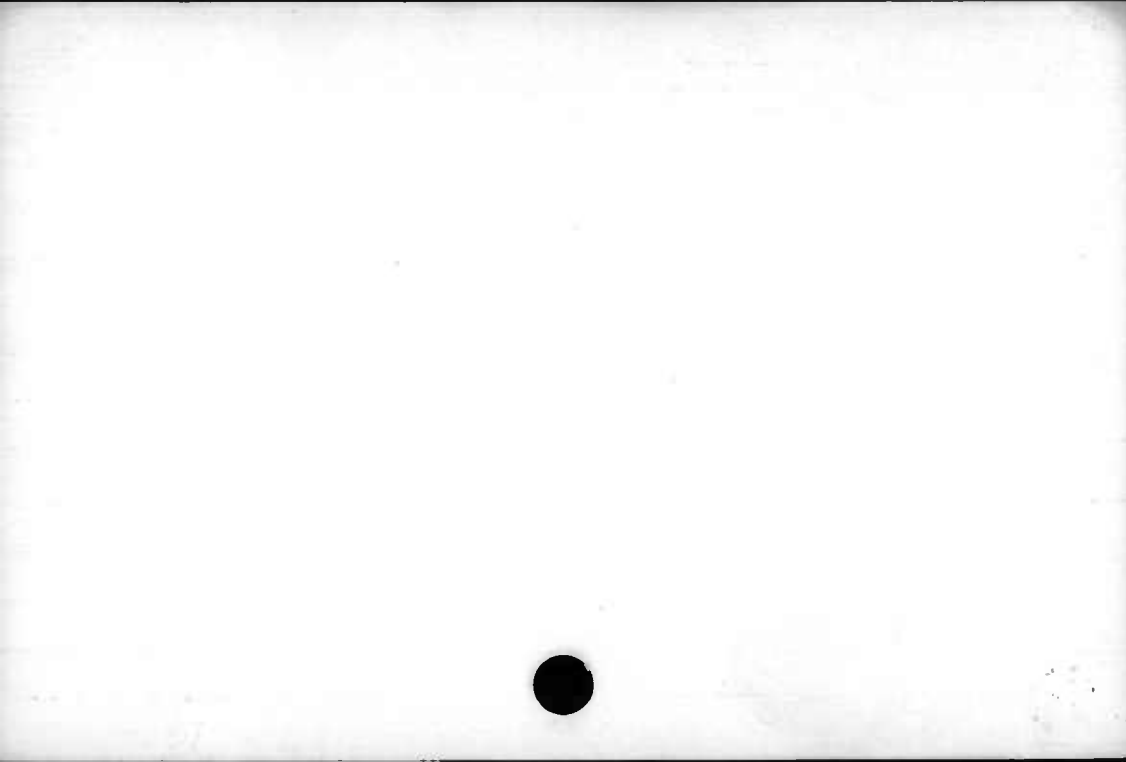
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brook</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death 190	3	Month 1	Day 14	Years 5-2	Age	Months -	Days -
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>New Port Ad.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer & Fisherman</i>					
Name of Wife or Husband							
Father's Name <i>Price Bowman</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>-</i>			
Name of person giving Information <i>William Bowman</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rephritis</i>	How long	<i>8 mos</i>
Immediate	<i>Haemipia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Harry Kelley</i>	
Address		<i>Potentaway Ad.</i>	
Accident or Suicide?			



Name
in
Full

William McKendree Nicholson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

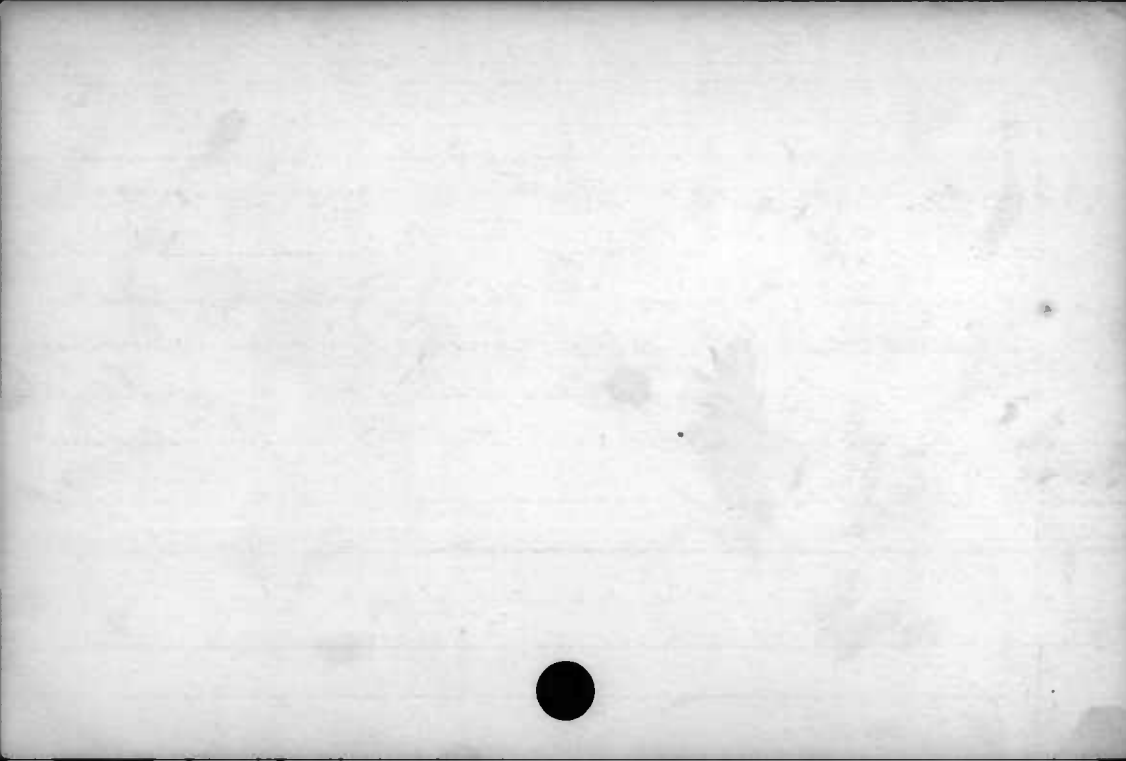
Died at <i>Riverdale</i>		County <i>Prince George</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>10</i>	Age <i>82</i>	Months <i>8</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co. Pa.</i>		
Married, Single or Widowed <i>Widower.</i>		Occupation <i>Nothing.</i>			
Name of Wife or Husband <i>_____</i>					
Father's Name <i>James Nicholson</i>			Father's Birthplace <i>Ireland.</i>		
Mother's Maiden Name <i>Nancy Mc Mary</i>			Mother's Birthplace <i>Ireland.</i>		
Name of person giving information <i>V. A. McMillan (Daughter)</i>			How related to deceased <i>Daughter.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility.</i>		How long <i>134</i>
Immediate	<i>Senile Debility.</i>		How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>V. A. McMillan</i>	
		Address <i>Riverdale Maryland.</i>	
Accident or Suicide? <i>_____</i>			

1



Name
in
Full

CERTIFICATE OF DEATH

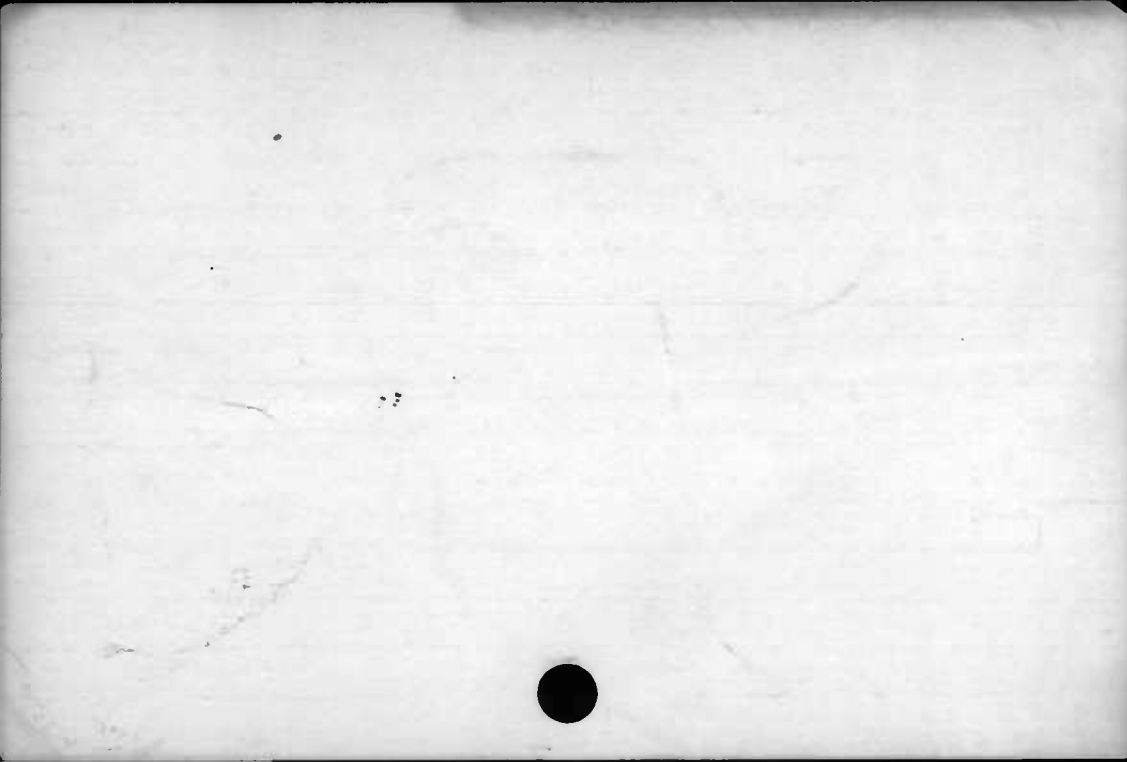
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Samuel Norton		Town Washington		County Dist. of Columbia		State MARYLAND	
Died at Washington		Date of death 190 3		Month Jan		Day 16	
Age 79		Years 79		Months 0		Days 0	
Sex M		Color or Race Colored		Birth-place M.D.			
Married, Single or Widowed Married		Occupation retired					
Name of Wife or Husband Mary Norton							
Father's Name Louis Brown				Father's Birthplace M.D.			
Mother's Maiden Name John T. Norton				Mother's Birthplace M.D.			
Name of person giving information John T. Norton				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiac Insufficiency		How long 79	
Immediate Cardiac Insufficiency		How long 79	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Ernest P. Gasch	
Copy of Dist. of Columbia certificate signed by Health Officer		Address Hyattsville M.D.	
Accident or Suicide? Health Officer			



Name in Full

Certificate of Death

Alice Georgine Peacock

Town

County

North Hays

PL

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan 11

Age

2-6

md

none

Male

White

Married

Widow

- Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Peacock

Mother's

Maiden Name

Freddie Rippen

Cause of

Primary

Diphtheria & Measles

How long sick

10 days

Death

Immediate

Asphyxiation

Accident, Suicide, Homicide

Reported by

Dwight L. Gibbons Ga
Crown

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Marlboro</u> ^{Town}		<u>Pt Geo</u> ^{County}		
		Date of death 190 <u>3</u>		Month <u>1</u>	Day <u>15</u>	Age <u>1</u> Years <u>1</u> Months <u>1</u> Days
		Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Marlboro</u>		
		Married, Single or Widowed <u>—</u>		Occupation <u>—</u>		
		Name of Wife or Husband <u>—</u>				
		Father's Name <u>Wm Pundelton</u>			Father's Birthplace <u>Wash DC</u>	
		Mother's Maiden Name <u>Rachel Tolson</u>			Mother's Birthplace <u>Pt Geo Md</u>	
		Name of person giving information <u>Wm Pundelton</u>		How related to deceased <u>Father</u>		
CAUSES OF DEATH <u>151</u>						
PHYSICIAN OR CORONER <u>1</u>		Primary <u>Saw it first before died</u>		How long <u>Don't know</u>		
		Immediate <u>Died</u>		How long <u>Don't know</u>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>L. E. Giffith</u>		
				Address <u>Marlboro Md</u>		
		Accident or Suicide?				



Name in Full

Certificate of Death

Died at

MARYLAND

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Name
in
Full

Geo B. Ridgley

CERTIFICATE OF DEATH

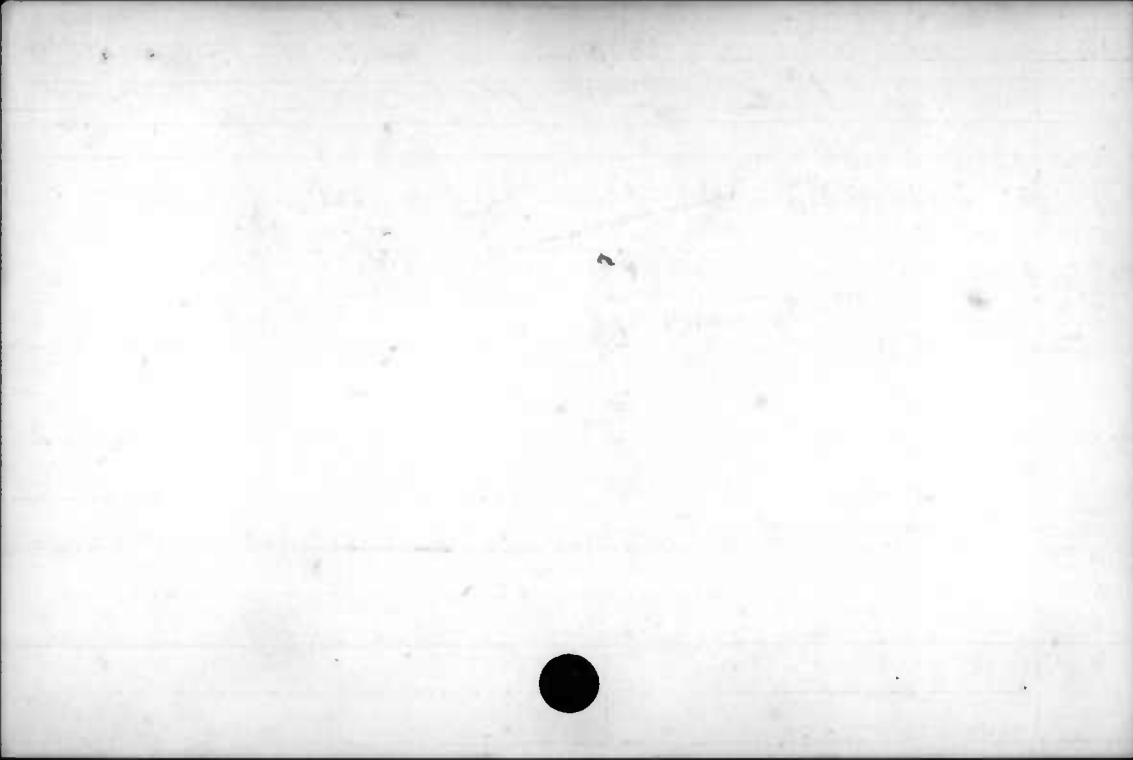
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>21</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>P. G. Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John T. Ridgley</i>			Father's Birthplace <i>P. G. Md</i>		
Mother's Maiden Name <i>S. E. Sellers</i>			Mother's Birthplace <i>Ind. Co "</i>		
Name of person giving In formation <i>John T. Ridgley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR
COPRNER
(1)

Primary <i>Congestion of Lungs</i>	How long <i>1 day</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. L. Giffith</i>
<i>lepper</i>	Address <i>Marlboro, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

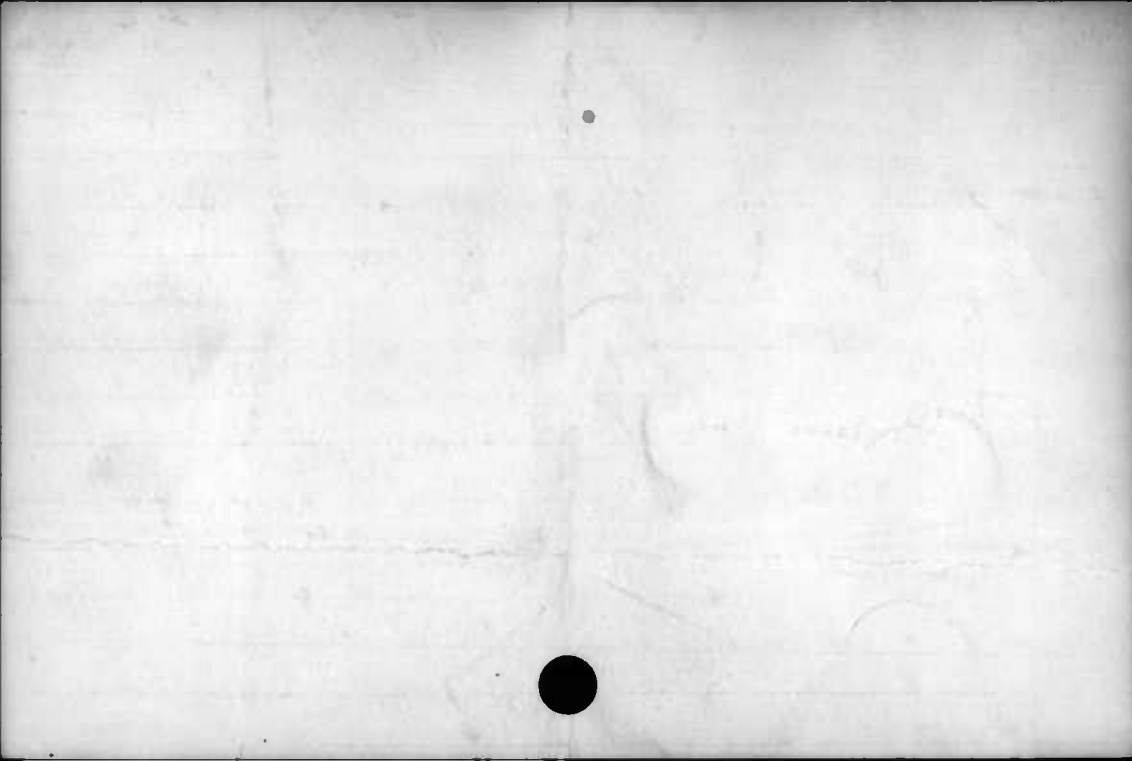
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Laurel</i> ^{Town}		<i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Jan.</i> ^{Month}	<i>23</i> ^{Day}	Age <i>68</i> ^{Years}	Months	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mont-Co. Md</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>Invalid</i>				
Name of Wife or Husband <i>Anna R. Roby</i>					
Father's Name <i>Wm. B. Roby</i>			Father's Birthplace <i>Mont-Co. Md.</i>		
Mother's Maiden Name <i>Margaret Soper</i>			Mother's Birthplace <i>Mont-Co. Md.</i>		
Name of person giving information <i>Anna R. Roby</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of liver</i>	How long <i>40</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Th. Ryer</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Dennis

Town

County

Died at

Baden

Prince George

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1

18

Age

14

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Thomas Dennis

Mother's

Name

Mary Gray

Cause of

Primary

Death

Immediate

Pneumonia

How long sick

93

1 wk

Accident, Suicide, Homicide

Reported by

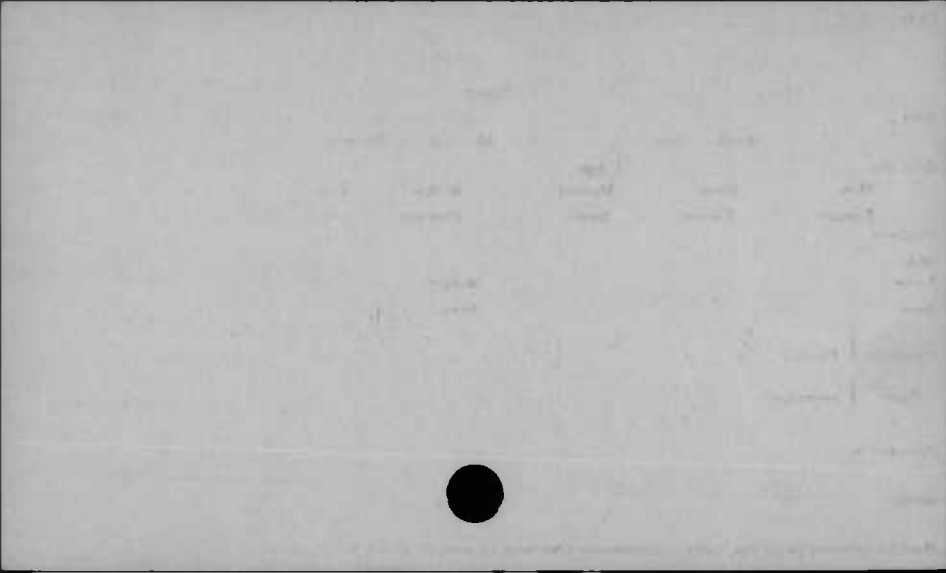
Thomas Dennis

Address

Baden Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Rosa Smoot

Died at
Town
BowieCounty
Prince George

MARYLAND

Date 1903
Month
July
Day
24Age
39

Y. M. D.

Native of

Occupation

Maryland Housewife

Female

Colored

Married

Widow

Divorced

Number of children living 2

Husband of
Wife
Stephen SmootFather's
Name
John RandalMother's
Maiden NameCause of
Primary
Pulmonary

How long sick

6 months

Death
Immediate
Consumption

Accident, Suicide, Homicide

Reported by
Nelson A. Ryan M.D.Address
Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76005



Name
Full

CERTIFICATE OF DEATH

John W. Stephens

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Landover</u> <small>Town</small>		<u>Prince Geo. Co.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Jan</u> <small>Month</small>	<u>13</u> <small>Day</small>	<u>42</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>M. d. Calvert County</u>		
Married, Single <u>Married</u>	Occupation <u>Machinist</u>				
Name of Wife or Husband <u>Alice (King) Stephens</u>					
Father's Name <u>Joseph H. Stephens</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Frances Ann King</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Joseph H. Stephens Jr.</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <u>Killed by rail road car</u>	How long <u>166</u>
Immediate <u>immediate</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alfred O. Bailey</u>
	Address <u>Labroner</u>
Accident or Suicide ?	<u>Bladensburg, Maryland</u>

Millersville M. D.
Quarrendel County

Name in Full

Certificate of Death

Died at

Date 1903

~~Wife~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

MARYLAND

of

Mother's

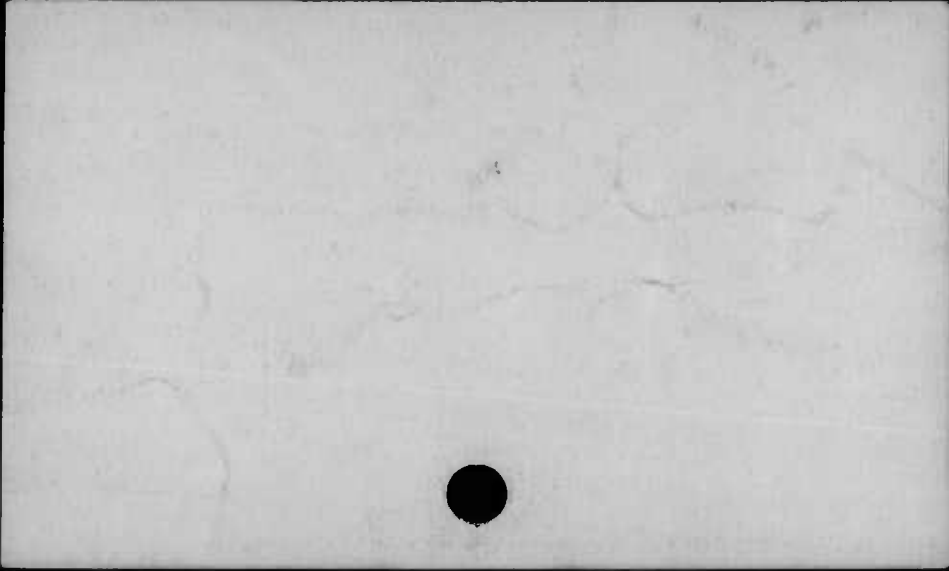
Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Name
in
Full

CERTIFICATE OF DEATH

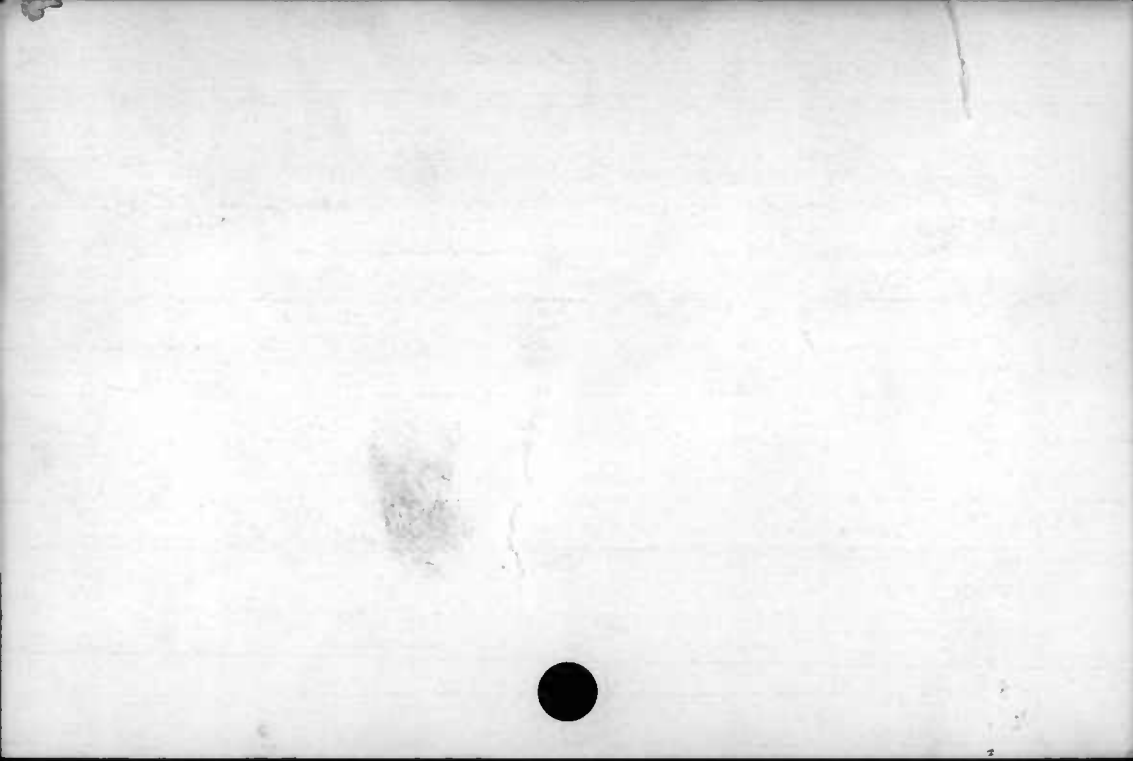
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Hill</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1</i>	Day <i>16</i>	Age	Months <i>11</i>	Days <i>16</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Francis Thomas</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Francis Thomas</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Meningitis</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Samsky</i>
	Address <i>Bonsville</i>
Accident or Suicide? <i>no</i>	



Philip H Watts

Died at

Town

Bowie

County

Prince George

MARYLAND

Date 1903

Month

July 11

Day

Y.

M.

D.

Age

50.6

Native of

Maryland

Occupation

Saloon Keeper

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Sarah Watts

Father's

Name

N. Peter Watts

Mother's

Maiden Name

Dont Know

Cause of

Primary

Fatty Degeneration

How long sick

Sudden

Death

Immediate

of Heart

~~Accident, Suicide, Homicide~~

Reported by

Milton A. Batts Jr.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

Webster H. Worley

Died at West Riverdale

Prince Georges County

MARYLAND

Date of death 1903 Jan 8

Age Years Months Days

Months Days 28

Sex male

Color or Race white

Birth-place m.d.

Married, Single or Widowed

Occupation

Name of Wife or Husband

D. Webster Worley 150

Father's Name

Daniel H. Worley

Father's Birthplace

Pa.

Mother's Maiden Name

Mary C Mangum

Mother's Birthplace

m.d.

Name of person giving information

Daniel H. Worley

How related to deceased

Father

CAUSES OF DEATH

Primary

Cerebrophalocle

How long

23 days

Immediate

Exhaustion, 1st hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature Physician

Richardson

Address

Hyattsville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

